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Peritonitis
Diarrhoea
Erysipelas

A Dissertation on Peritonitis.

by Wm. Clarke
of Louisville. Kentucky.

201 Walnut Street —

admitted March 21st 1820
In presence of the Professors. —

An inaugural dissertation.

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Peritonitis.

The subject of this essay is a disease located in the peritoneal investment of the abdominal cavity, and from that circumstance has been called by nosologists,

Peritonitis.

Both the pathology and treatment of Peritonitis are viewed in different lights by different theorists. One set believing the disease to be of a typhoid character calls into requisition for its cure the stimulating system of treatment; while others, entertaining a diametrically opposite opinion relative to its pathology, appeal to the lancet and its auxilliaries. The former doctrine, taught in the school of London, originated with the illustrious Fordyce; for the other I have, only to refer to this University.

Under the two forms of Acute and Chronic this disease is recognized by writers

as full of danger and of dread. The acute form, although the most perfectly developed, is not entirely destitute of difficulty and embarrasment of recognition. Never the less, I trust the phenomena now to be detailed will prove sufficient to ensure its detection when existing.

This disease, like its kindred affecting, is ushered in with rigors and shivering, succeeded by more or less of fever; a pulse very small, quick, and corded, and well calculated to deceive the unwary and inexperienced practitioner as to the real nature of the disease, and to lead to the adoption of a practice replete with error and fatality. But happily, both for him and his patient, there are other symptoms evolved at the very beginning of the attack which afford an almost unerring diagnosis. My allusion is to the heat and pains which

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are invariably attendants, and commence most generally at a point, quickly diffusing themselves over the whole abdomen: The tenderness and pain become extremely great, the latter being much augmented by pressure on the part affected: The tongue and fauces are dry, and attended with much thirst; such, however, is not the invariable state of these parts. sometimes from the very commencement the tongue and fauces assume the appearance of an incipient typhus; and in some instances, even, remain moist throughout the whole course of the complaint.

As detailed such are the ordinary symptoms that usher in the disease; but progressing on, unchecked in its career, for twelve or twenty four hours, an aggravation of all the symptoms accur: The pulse, increased in velocity, beats in the minute

one hundred and forty or fifty pulsations. The tongue becomes covered more or less with a white incrustation, and, although moist, there exists considerable thirst. The skin is hot and dry. The abdomen is now tense and swollen and tortured by a degree of pain almost insufferable. Indeed such is the exquisite tenderness of the part as to forbid even the pressure of the bedclothes. The patient, moreover, will be found always lying on his back with his legs drawn up. This position is almost diagnostic of peritonitis, and is a position [illegible] of easy explanation. By it the weight of the intestines is thrown on the posterior side of their containing cavity, at the same time the abdominal muscles being relaxed, very sensible relief is thereby obtained.

We have now arrived at the critical stage of the complaint, at which a

great aggravation of all the symptoms already noticed, a sudden subsidence of the inflaction, and an elevation of the bowels. This event would, at the first view, seem to afford a propitious omen: but we should not suffer ourselves to be deluded by illusive hope: It is no wonder the system having yielded up its last powers of resistance. The pulse, at the same time, sinks and becomes more rapid; singultus next arises with a vomiting, or rather a rejection by a sort of spasmodic action, of a dark coloured matter, such as is discharged in the advanced stages of Gastritis and the yellow fever; and bearing a strong resemblance to Coffee grounds. Peritonitis is said never to eventuate fatally, without the occurrence of this discharge, which will often take place several hours antecedently to dissolution. Next a cold clammy sweat

invades the body: the extremities lose their warmth: the countenance is collapsed and indicates the utmost anxiety and distress; and stertorous and difficult respiration, ~~with sometimes~~, with, sometimes, an involuntary evacuation of feces and urine, closes the scene about the sixth or eighth day.

Prognosis. The first symptom on which we may pronounce a favourable opinion of the issue of the case is the ability of the patient to extend his leg with comfort, and more particularly when this circumstance is accompanied by a general cessation of pain and a proportional abatement of the concommitant symptoms. On the contrary, while the patient continues on his back with his legs contracted; and the pain still continuing acute, we should view his situation as dangerous; and as almost forlorn when the phenomena, contained in the last paragraph,

subnavein.

Dissections. By these the seat and ravages of the disease are disclosed. Throughout every portion of the peritoneum traces of inflammation are observable; but what particularly strikes the attention is the peculiar circumstance of the disease not extending itself to the abdominal muscles*; while, posteriorly, the mesentery and peritoneal coat of the intestines are implicated and from wounds covered with sphacelated spots or else in a state of perfect mortification.

Sometimes the intestines are found distended by winds, with their convolutions agglutinated by coagulating lymph, which is also seen floating, in flakes, in large extravasations of serum into the abdominal cavity.

Diagnosis. Although no very serious consequences would result from confounding

* From that portion of the wound and by which they are wounded.

[illegible] with Colic and Cholera [illegible]
[illegible] in [illegible] men, so it is right
to point out the marks of discrimination.
From these affections, independently of the
position assumed by the patient above noticed,
it may be distinguished by the pain in
peritoneum being more permanent by an ab-
sence of all inclination to evacuate the bowels,
and from no immediate alleviation of the
symptoms resulting from ~~such~~ alvine evacuations.

The causes of this are very much
the same as those of other inflammatory af-
fections; particularly, perpetual coldness of
the feet; exposures to sudden and great vi-
cissitudes of temperature; Mechanical violence
in the female it is sometimes induced by
laborious parturition; by officiousness of the
attendant in the improper use of obstetri-
cal instruments, and a too liberal ~~an~~ in-
dulgence in stimulating potations. It is

such to have been brought on by grasping a cold tumbler. It is also symptomatic of other diseases.

Treatment. Whatever may be the diversity of sentiment on this point, the views I have taken of the nature of the complaint, warrants me in esteeming the lancet as the anchor of hope; and, consequently, would advise that it be kept unsheathed while the disease resists, and the powers of the general system admit its employment. In this system of depletion no confidence can be reposed in the pulse as a guide. It is always depressed, being neither active nor strong, and, perhaps depressed, proportionally to the violence of the inflammation, and the consequent demands for venesection. The intensity of pain, particularly on pressure, affords the best criterion by which to regulate the detraction of blood. After

having drawn, at an early period of the attack, twenty or thirty ounces without producing in the course of five or six hours relief; it should again and again be repeated till the desired end be attained. In these cases, however, venesection is not adequate to the cure. The inflammation being reduced to a local state; the cure is prolonged by the action being confined to, ~~the system of~~ and not up by, the system of capillary vessels having now become involved; and which is beyond the control of general depletion. To fulfil the indication here we resort to topical depletion by cups and leeches. To the latter a preference is certainly due in all cases. In their employment we are directed by some authors to cover the whole abdomen. As a general prescription it is, I think, objectionable; but will only add that the number should be regulated

by the demands for, and effect produced by their application. In ordinary cases from only to one hundred are deemed sufficient, and these are to be applied over the seat of the pain. Should we, however, be unable to command this invaluable remedy, leeches are then to be the resort.

Purges in these cases have been hitherto overlooked in unbridled laxative state of the bowels being only recommended, and that to be accomplished by the free exhibition of large enemata; which are made to answer the twofold ~~indication~~ purpose of an evacuent and fomentation. Of the soundness of the practice experience will not allow me to advance any opinion. But on the authority of Professor Chapman I am disposed to place most confidence in early and copious purging. The efficacy of the practice is exemplified and acknowledged

in most of the other Phlegmasiæ; and as it is so eminently useful in Puerperal Fever, the remedy next in importance to venesection, I mean active purging, we have strong reason in support of this practice in idiopathic inflammation of the peritoneum. Hippocrates set it down, that the next best remedy to the lancet is free and active purging, and should be among our earliest measures. For the purpose of this, through evacuation of the alimentary canal Calomel is selected. It is active, certain, and among the least irritating of all the cathartics. To its aid should be brought the milder Laxatives, as the Oleum Ricini, and the Neutral salts; the sulphas Magnesiæ is, I believe, the best.

Fomentations are also proper and should be applied by cloths wrung out of warm water, or an infusion of the Flowers chamomili; or what is preferable, the fomen-

tation may be effected by a cataplasm over the whole abdominal region. This may be composed of bread and milk and applied in the ordinary way; or what is still better by means of a sack, partially filled with common Meal made very soft so as to be accommodated to the contour of the part. Cold applications are likewise recommended; also the Tinctures Camphora and the evaporation of Ether from the part affected.*

If applied early blisters are unquestionably, as I have asserted, productive of mischievous consequences; but when delayed till the general action of the disease has been controlled, and has become, as has been before mentioned, a topical affection, no question can arise respecting their utility. But to obtain their beneficial operation, let it be repeated that they are not

* To support the bed cloths by means of a shelter or some such mechanical contrivance will contribute much to the comfort of the patient.

to be early employed; They should be anticipated by a faithful employment of all the foregoing remedies.

Diaphoretics are another class of remedies of the highest importance. In many instances after having employed all the means already pointed out the disease still refuses to yield. Under these circumstances, and just at that point where we can to bleed and purge, diaphoretics may be employed with the happiest effects. Sometimes they operate as a charm, and perfect cures, even where the lancet seemed peculiarly indicated. They operate in these cases by determining the circulation to the surface, inducing diaphoresis, relieving the internal objects of the congestion. The means, now in use for the attainment of this object, are the external. The preference is given to the vapour bath; to be accompanied, if necessary, by the Dovers Powder.

In enumerating the various measures, or agents, of combatting this disease; it would be improper to neglect the Spt. of Turpentine. By an European physician*, this medicine has been recommended, even from the commencement of the attack. However, contradictory this practice may, a priori, appear, it is not, in my opinion, totally destitute of plausibility and support. That there are two modes by which inflammation may be subdued is proven by unquestionable experience. The one by reduction, the other by counterirritation; and it is, I presume, on the latter principle of action that the efficacy of the article, as above directed, rests; and in support of the suggestion; the cure of Gonnorrhea and Gleet by the [illegible] Spt. of Turpentine; the Cubeb; the Cayenne pepper; and Tansy, might be adduced; also that of Burns and Scalds by the Spt. of Turpentine. In this

* Duncan

with Calomel in small doses, is recommended.

In a very desultory manner I have now detailed, conformably to the authorities that have been consulted, what I understand to be the best character of the disease and the methods of treatment promising most success; and which, if we keep our eye steadily fixed on the danger and rapidity of the disease; and if it be urged with intrepid energy; will very generally prove effectual.

In general Peritonitis is sufficiently well marked to advise the practitioner of its real nature; but occasionally it is involved in much obscurity. Now and then the prostration is so great and the pulse so feeble; that it would be highly imprudent to urge the depletory measures to any great extent, otherwise we should be very apt to reduce the system below the power of reaction, and

melancholy consequences would be the issue. In all such cases we should resort, very early, to the warm baths and to the mild diaphoretic medicines. Venesection should also be moderately and cautiously employed. By these means the acute stage is a complaint of itself, and the inflammatory symptoms being once distinctly marked are then to be overcome by active and vigorous depletion.

There are also cases of an aphonic nature which come on with a slight tenderness of the abdomen; with a pulse a little quicker and not much contracted. These are very apt to deceive. Doctor Chapman says he has met with three or four cases of this kind, in one of which he was so entirely unaware of its nature that in black vomit wounds anon he was conscious of the existence of the disease.

Chronic Peritonitis makes known its attack very differently from the Acute. In

these cases the patient complains only of a slight soreness of the abdomen; the pulse is somewhat accellerated; the tongue furred, more particularly, in the morning, with thirst; there is no appearance of fever; great languor is depicted in the countenance; the face is pale and doughy to the touch; neither is the patient at first incapacitated for the performance of his ordinary avocations; but continues about till by some accidental cause the case is converted into the acute form; or till the inflamed surface throw out coagulating lymph which, becoming in part organized, agglutinate the convolutions of the intestines and thereby impede their peristaltic motions, or else the inflammation resolves itself by the exhavisation of a fluid and produces Ascites. In either of which cases life is placed in the most imminent danger, and is generally extinguished.

In all inflammations where the Acute form succeeds to a Chronic the danger is greatly augmented and its management rendered much more embarrassing. Under such circumstances the bloodvessels become so habituated to morbid action that it is almost impossible to alter it. Of this fact we have examples in cases of Consumption; Hydrocephalus Internus; and, more particularly, in Mania.

There is no peculiarity in the treatment of these cases of Acute Peritonitis. But when the Chronic form is suspected we direct that the patient be kept at rest; occasionally detract blood; and enforce, with rigid scrupulosity the whole of the antiphlogistic regimen. —

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